Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. AAPI 2020 3690 W. GANDY BLVD. #197 ADDRESS (number and street) (Check if address is changed) Tampa 33611 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS wwburns@earthlink.net (Check if address is changed) Optional Second E-Mail Address tara@geise2strategies.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00712638 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Hamid, Ferhan, , , Type or Print Name of Treasurer Hamid, Ferhan,,, [Electronically Filed] 07 17 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	.
Candidate Committee: (a) This committee is a principal campaign committee (Complete the candidate information by	olow)
(a) This committee is a principal campaign committee. (Complete the candidate information be	•
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate Preside	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	
Name of Candidate	
Party Committee:	-
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) It	s connected organization is
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separa committee. (i.e., nonconnected committee)	te segregated fund or part
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	for horses and the second
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal candid	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
AAPI VICTORY FUND, INC.	C00589507
ASIAN AMERICANS RISING 2. FEC ID number C	C00699314
3.	
4.	

FEC Form 1 (Dovinged (22/2000)	Page ?
FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3
AAPI 2020		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE 2	IP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
 Custodian of Records: Iden books and records. 	ntify by name, address (phone number optional) and position of the person in poss	ession of committee
Burns, Wh	itney, , ,	1
Full Name	PO Box 1174	
Mailing Address		
	Springfield VA 22151	
Title or Position	CITY STATE Z	IP CODE
Assistant Treasurer	Telephone number	
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	e and address of
Full Name Hamid, Fer	rhan, , ,	
Mailing Address	2719 Willow Drive	
	Vienna	
Title or Position	CITY STATE Z	IP CODE
Treasurer		56 - 1550

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated	Burns, Whitney, , ,	
Agent	. PO Roy 1174	
Mailing Address	PO Box 1174	
	Springfield VA 22151	
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer Telephone number	
safety deposit be	Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds.	olds accounts, rents
Name of Bank,	Amalgamated Bank	
Name of Bank, Mailing Address	Amalgamated Bank	
	Amalgamated Bank	
	Amalgamated Bank	
	Amalgamated Bank 275 Seventh Ave.	ZIP CODE
	Amalgamated Bank 275 Seventh Ave. New York CITY STATE	
Mailing Address	Amalgamated Bank 275 Seventh Ave. New York CITY STATE	
Mailing Address	Amalgamated Bank 275 Seventh Ave. New York CITY STATE Depository, etc.	
Mailing Address Name of Bank,	Amalgamated Bank 275 Seventh Ave. New York CITY STATE Depository, etc.	
Mailing Address Name of Bank,	Amalgamated Bank 275 Seventh Ave. New York CITY STATE Depository, etc.	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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n). Joint Fundraisin	•		
1.		FEC ID numbe	r C
2.	<u> </u>	FEC ID numbe	r C
3.		FEC ID numbe	r C
4.		FEC ID numbe	r C
ame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representat	ive, or Leadership PAC Spor
Mailing Address			
] [] - [
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
	Organization Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC S
	by name, address (phone number – optio ra, , ,		entative Leadership PAC S
esignated Agent: Identify Geise, Ta	by name, address (phone number - optio		entative Leadership PAC S
esignated Agent: Identify Geise, Ta Full Name	by name, address (phone number – optio ra, , ,		entative Leadership PAC S
esignated Agent: Identify Geise, Ta Full Name	by name, address (phone number – optio ra, , , 3690 W. GANDY BLVD, #197		Leadership PAC S
esignated Agent: Identify Geise, Ta Full Name Mailing Address	by name, address (phone number – optio ra, , , 3690 W. GANDY BLVD, #197 TAMPA	nal)	33611
esignated Agent: Identify Geise, Ta Full Name	by name, address (phone number – optio ra, , , 3690 W. GANDY BLVD, #197 TAMPA	nal)	33611
Geise, Ta Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Inks or Other Depositor fety deposit boxes or ma	by name, address (phone number – optio ra, , , 3690 W. GANDY BLVD, #197 TAMPA CITY CITY ries: List all banks or other depositories in	nal) FL STATE Telephone Number	33611
esignated Agent: Identify Geise, Ta Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Anks or Other Depositor fety deposit boxes or ma	by name, address (phone number – optio ra, , , 3690 W. GANDY BLVD, #197 TAMPA CITY CITY ries: List all banks or other depositories in	nal) FL STATE Telephone Number	33611
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